

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719892

1. Entity Name

FLORIDA CHRISTIAN CENTER, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90252 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1071 S EDGEWOOD AVE  
JACKSONVILLE FL 32205-2382

1071 S EDGEWOOD AVE  
JACKSONVILLE FL 32205-5389

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0624397

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **ETHRIDGE, JAMES**  
STREET ADDRESS **PO BOX 1192 N/A**  
CITY-ST-ZIP **SMITHFIELD NC 27577**

TITLE **D** ☐ Change ☒ Addition  
NAME **CORAM, RICHARD M.**  
STREET ADDRESS **142 30TH AVE SOUTH**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **PD** ☒ Delete  
NAME **TUMBLIN, RICHARD**  
STREET ADDRESS **4202 BARBARA DR**  
CITY-ST-ZIP **KNOXVILLE TN 37918-4309**

TITLE **PD** ☐ Change ☒ Addition  
NAME **BURTON, JAMES R.**  
STREET ADDRESS **2726 BURNS ROAD**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **TD** ☒ Delete  
NAME **HILLERY, JAMES**  
STREET ADDRESS **920 PLATO AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **TD** ☐ Change ☒ Addition  
NAME **DOWNS, GENE P.**  
STREET ADDRESS **6177 6TH AVE N**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **SD** ☒ Delete  
NAME **BRITTON, TAMER**  
STREET ADDRESS **PO BOX 12163 N/A**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **D** ☐ Change ☒ Addition  
NAME **ALEXANDER, MARK G.**  
STREET ADDRESS **50 N. LAURA STREET SUITE 3900**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☐ Delete  
NAME **MOORE, JOAN E**  
STREET ADDRESS **1718 OSCEOLA STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **SD** ☒ Change ☐ Addition  
NAME **MOORE, JOAN E.**  
STREET ADDRESS **1718 OSCEOLA STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **VD** ☒ Delete  
NAME **ENTWISTLE, DAN**  
STREET ADDRESS **4019 LAKE MIRAGE BLVD**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **VD** ☐ Change ☒ Addition  
NAME **YOUNG, WILLIAM A.**  
STREET ADDRESS **44 OAKVIEW CIRCLE**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-00 904-381-5650

CR2E037 (9/99)